

**Application Data Sheet**

**Application Information**

Application number:: TBA  
Filing Date:: January 6, 2004  
Application Type:: Regular  
Subject Matter:: Utility  
Suggested Classification::  
Suggested Group Art::  
CD-ROM or CD-R?::  
Number of CDs::  
Number of Copies of CDs::  
Sequence Submission?::  
Computer Readable Form (CRF)?::  
Number of Copies of CRF::  
Title:: Wireless, Internet-Based Medical-Diagnostic System  
Attorney Docket Number:: 114079.121US2 (A-0002)  
Request for Early Publication?:: No  
Request for Non-Publication?:: No  
Suggested Drawing Figure::  
Total Drawing Sheets:: 8  
Small Entity?:: Yes  
Petition Included?:: No  
Petition Type::  
Licensed US Govt. Agency:: No  
Contract or Grant Numbers::  
Secrecy Order in Parent Appl.?:: No

**Applicant Information**

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: Matthew  
Family Name:: Banet  
City of Residence:: Del Mar  
State or Province of Residence:: CA  
Country of Residence:: US  
Street of Mailing Address:: 12719 Via Felino  
City of Mailing Address:: Del Mar  
State or Province of Mailing Address:: CA  
Country of Mailing Address:: US  
Postal or Zip Code of Mailing Address:: 92014

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: Randall  
Family Name:: Schultz  
City of Residence:: Venice  
State or Province of Residence:: CA  
Country of Residence:: US  
Street of Mailing Address:: 2519 Strongs Drive  
City of Mailing Address:: Venice  
State or Province of Mailing Address:: CA  
Country of Mailing Address:: US  
Postal or Zip Code of Mailing Address:: 90291

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: Robert  
Family Name:: Murad  
City of Residence:: San Diego  
State or Province of Residence:: CA  
Country of Residence:: US  
Street of Mailing Address:: 6651 Fisk Avenue  
City of Mailing Address:: San Diego  
State or Province of Mailing Address:: CA  
Country of Mailing Address:: US  
Postal or Zip Code of Mailing Address:: 92122

**Correspondence Information**

Correspondence Customer Number:: 23483

**Representative Information**

Representative Customer Number:: 23483

**Domestic Priority Information**

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This application	An application claiming the benefit under 35 USC 119(e)	60/438,442	01/07/2003

**Foreign Priority Information**

Country::	Application Number::	Filing Date::	Priority Claimed::

**Assign Information**

Assignee Name:: Triage Data Networks